

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation and)	
Petition to Revoke Probation Against:)	
)	
PATRICIA ANN SNYDER, M.D.)	Case No. 8002015014517
)	
Physician's and Surgeon's)	
Certificate No. A 44222)	
)	
Respondent)	
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DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on June 10, 2016.

IT IS SO ORDERED: May 12, 2016.

MEDICAL BOARD OF CALIFORNIA

By: 
Howard Krauss, M.D., Chair
Panel B

1 KAMALA D. HARRIS
Attorney General of California
2 JANE ZACK SIMON
Supervising Deputy Attorney General
3 CAROLYNE EVANS
Deputy Attorney General
4 State Bar No. 289206
455 Golden Gate Avenue, Suite 11000
5 San Francisco, CA 94102-7004
Telephone: (415) 703-1211
6 Facsimile: (415) 703-5480
Attorneys for Complainant

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8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation and Petition to
13 Revoke Probation Against:

14 **PATRICIA ANN SNYDER, M.D.**

15 **7355 Balboa Road**
16 **Atascadero, CA 93422**

17 **Physician's and Surgeon's Certificate No.**
18 **A44222**

19 Respondent.

Case No. 800-2015-014517

20 **STIPULATED SETTLEMENT AND**
21 **DISCIPLINARY ORDER**

22 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
23 entitled proceedings that the following matters are true:

24 PARTIES

25 1. Kimberly Kirchmeyer ("Complainant") is the Executive Director of the Medical
26 Board of California ("Board"). She brought this action solely in her official capacity and is
27 represented in this matter by Kamala D. Harris, Attorney General of the State of California, by
28 Carolyne Evans, Deputy Attorney General.

1 2. Respondent Patricia Ann Snyder, M.D. ("Respondent") is represented in this
2 proceeding by attorney Steven Simas, whose address is: 3835 North Freeway, Blvd. Suite 228,
3 Sacramento, CA 95834, (916) 789-9800.

4 3. On or about November 22, 1987, the Board of California issued Physician's and
5 Surgeon's Certificate No. A44222 to Respondent. The Physician's and Surgeon's Certificate was
6 in full force and effect at all times relevant to the charges brought in the Accusation and Petition
7 to Revoke Probation No. 800-2015-014517 and will expire on January 31, 2017, unless renewed.

8 PRIOR DISCIPLINARY HISTORY

9 4. On or about August 10, 2011, the Board filed an accusation against Respondent
10 entitled, "In the Matter of the Accusation Against Patricia Ann Snyder, M.D.," Case No. 03-
11 2010-206145, charging Respondent with mental/physical impairment affecting competency.

12 5. On or about June 26, 2014, the Board issued a Decision and Order adopting a
13 Stipulated Settlement and Disciplinary Order Case No. 03-2010-206145. That Decision and
14 Order became effective on July 25, 2014, revoked Respondent's Physician's and Surgeon's
15 certificate No. A44222, stayed that revocation, and placed Respondent's medical license on
16 probation for five (5) years with various terms and conditions.

17 6. On or about, January 13, 2016, the Board issued a Cease Practice Order in the case
18 entitled, "In the Matter of the Accusation Against: Patricia Ann Snyder, M.D.," Case No. 03-
19 2010-206145, prohibiting Respondent from engaging in the practice of medicine pending a final
20 decision on the instant Accusation and Petition to Revoke Probation Against: Patricia Ann
21 Snyder, M.D.," Case No. 800-2015-014517. That Cease Practice Order, which became effective
22 January 16, 2016, was based on Respondent's failure to obey Probation Condition No. 2 of the
23 Board's Decision and Order (Biological Fluid Testing) in Case No. 03-2010-206145.

24 JURISDICTION

25 7. On January 26, 2016, an Accusation and Petition to Revoke Probation No. 800-2015-
26 014517 was filed before the Board, Department of Consumer Affairs, and is currently pending
27 against Respondent. The Accusation and Petition to Revoke Probation and all other statutorily
28

1 required documents were properly served on Respondent on January 26, 2016. Respondent filed
2 her Notice of Defense contesting the Accusation and Petition to Revoke Probation.

3 8. A copy of the Accusation and Petition to Revoke Probation No. 800-2015-014517 is
4 attached as exhibit A and incorporated herein by reference.

5 ADVISEMENT AND WAIVERS

6 9. Respondent has carefully read, fully discussed with counsel, and understands the
7 charges and allegations in the Accusation and Petition to Revoke Probation No. 800-2015-
8 014517. Respondent has also carefully read, fully discussed with counsel, and understands the
9 effects of this Stipulated Settlement and Disciplinary Order.

10 10. Respondent is fully aware of her legal rights in this matter, including the right to a
11 hearing on the charges and allegations in the Accusation and Petition to Revoke Probation; the
12 right to be represented by counsel at her own expense; the right to confront and cross-examine the
13 witnesses against her; the right to present evidence and to testify on her own behalf; the right to
14 the issuance of subpoenas to compel the attendance of witnesses and the production of
15 documents; the right to reconsideration and court review of an adverse decision; and all other
16 rights accorded by the California Administrative Procedure Act and other applicable laws.

17 11. Respondent voluntarily, knowingly, and intelligently waives and gives up each and
18 every right set forth above.

19 CULPABILITY

20 12. Respondent admits the truth of each and every charge and allegation in the
21 Accusation and Petition to Revoke Probation No. 800-2015-014517.

22 13. Respondent agrees that her Physician's and Surgeon's Certificate is subject to
23 discipline and she agrees to be bound by the Board's probationary terms as set forth in the
24 Disciplinary Order below.

25 CONTINGENCY

26 14. This stipulation shall be subject to approval by the Medical Board of California.
27 Respondent understands and agrees that counsel for Complainant and the staff of the Medical
28 Board of California may communicate directly with the Board regarding this stipulation and

1 settlement, without notice to or participation by Respondent or her counsel. By signing the
2 stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek
3 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails
4 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary
5 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal
6 action between the parties, and the Board shall not be disqualified from further action by having
7 considered this matter.

8 15. The parties understand and agree that Portable Document Format (PDF) and facsimile
9 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile
10 signatures thereto, shall have the same force and effect as the originals.

11 16. In consideration of the foregoing admissions and stipulations, the parties agree that
12 the Board may, without further notice or formal proceeding, issue and enter the following
13 Disciplinary Order:

14
15 **DISCIPLINARY ORDER**

16 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A44222 issued
17 to Respondent Patricia Ann Snyder, M.D. is revoked. However, the revocation is stayed and
18 Respondent is placed on probation for five (5) years on the following terms and conditions.

19 1. **CONTROLLED SUBSTANCES - ABSTAIN FROM USE.** Respondent shall abstain
20 completely from the personal use or possession of controlled substances as defined in the
21 California Uniform Controlled Substances Act, dangerous drugs as defined by Business and
22 Professions Code section 4022, and any drugs requiring a prescription. This prohibition does not
23 apply to medications lawfully prescribed to Respondent by another practitioner for a bona fide
24 illness or condition.

25 Within 15 calendar days of receiving any lawfully prescribed medications, Respondent
26 shall notify the Board or its designee of the: issuing practitioner's name, address, and telephone
27 number; medication name, strength, and quantity; and issuing pharmacy name, address, and
28 telephone number.

1 If Respondent has a confirmed positive biological fluid test for any substance (whether or
2 not legally prescribed) and has not reported the use to the Board or its designee, Respondent
3 shall receive a notification from the Board or its designee to immediately cease the practice of
4 medicine. The Respondent shall not resume the practice of medicine until final decision on an
5 accusation and/or a petition to revoke probation. An accusation and/or petition to revoke
6 probation shall be filed by the Board within 15 days of the notification to cease practice. If the
7 Respondent requests a hearing on the accusation and/or petition to revoke probation, the Board
8 shall provide the Respondent with a hearing within 30 days of the request, unless the Respondent
9 stipulates to a later hearing. A decision shall be received from the Administrative Law Judge or
10 the Board within 15 days unless good cause can be shown for the delay. The cessation of practice
11 shall not apply to the reduction of the probationary time period.

12 If the Board does not file an accusation or petition to revoke probation within 15 days of the
13 issuance of the notification to cease practice or does not provide Respondent with a hearing
14 within 30 days of a such a request, the notification of cease practice shall be dissolved.

15 2. ALCOHOL - ABSTAIN FROM USE. Respondent shall abstain completely from the
16 use of products or beverages containing alcohol.

17 If Respondent has a confirmed positive biological fluid test for alcohol, Respondent shall
18 receive a notification from the Board or its designee to immediately cease the practice of
19 medicine. The Respondent shall not resume the practice of medicine until final decision on an
20 accusation and/or a petition to revoke probation. An accusation and/or petition to revoke
21 probation shall be filed by the Board within 15 days of the notification to cease practice. If the
22 Respondent requests a hearing on the accusation and/or petition to revoke probation, the Board
23 shall provide the Respondent with a hearing within 30 days of the request, unless the Respondent
24 stipulates to a later hearing. A decision shall be received from the Administrative Law Judge or
25 the Board within 15 days unless good cause can be shown for the delay. The cessation of practice
26 shall not apply to the reduction of the probationary time period.

27 If the Board does not file an accusation or petition to revoke probation within 15 days of the
28 issuance of the notification to cease practice or does not provide Respondent with a hearing

1 within 30 days of a such a request, the notification of cease practice shall be dissolved.

2 3. BIOLOGICAL FLUID TESTING. Respondent shall immediately submit to
3 biological fluid testing, at Respondent's expense, upon request of the Board or its designee.
4 "Biological fluid testing" may include, but is not limited to, urine, blood, breathalyzer, hair
5 follicle testing, or similar drug screening approved by the Board or its designee. Respondent shall
6 make daily contact with the Board or its designee to determine whether biological fluid testing is
7 required. Respondent shall be tested on the date of the notification as directed by the Board or its
8 designee. The Board may order a Respondent to undergo a biological fluid test on any day, at
9 any time, including weekends and holidays. Except when testing on a specific date as ordered by
10 the Board or its designee, the scheduling of biological fluid testing shall be done on a random
11 basis. The cost of biological fluid testing shall be borne by the Respondent.

12 During the first year of probation, Respondent shall be subject to 52 to 104 random tests.
13 During the second year of probation and for the duration of the probationary term, up to five (5)
14 years, Respondent shall be subject to 36 to 104 random tests per year. Only if there has been no
15 positive biological fluid tests in the previous five (5) consecutive years of probation, may testing
16 be reduced to one (1) time per month. Nothing precludes the Board from increasing the number
17 of random tests to the first-year level of frequency for any reason.

18 Prior to practicing medicine, Respondent shall contract with a laboratory or service,
19 approved in advance by the Board or its designee, that will conduct random, unannounced,
20 observed, biological fluid testing and meets all the following standards:

21 (a) Its specimen collectors are either certified by the Drug and Alcohol Testing Industry
22 Association or have completed the training required to serve as a collector for the United
23 States Department of Transportation.

24 (b) Its specimen collectors conform to the current United States Department of
25 Transportation Specimen Collection Guidelines

26 (c) Its testing locations comply with the Urine Specimen Collection Guidelines published
27 by the United States Department of Transportation without regard to the type of test
28 administered.

- 1 (d) Its specimen collectors observe the collection of testing specimens.
- 2 (e) Its laboratories are certified and accredited by the United States Department of Health
3 and Human Services.
- 4 (f) Its testing locations shall submit a specimen to a laboratory within one (1) business day
5 of receipt and all specimens collected shall be handled pursuant to chain of custody
6 procedures. The laboratory shall process and analyze the specimens and provide legally
7 defensible test results to the Board within seven (7) business days of receipt of the
8 specimen. The Board will be notified of non-negative results within one (1) business day
9 and will be notified of negative test results within seven (7) business days.
- 10 (g) Its testing locations possess all the materials, equipment, and technical expertise
11 necessary in order to test Respondent on any day of the week.
- 12 (h) Its testing locations are able to scientifically test for urine, blood, and hair specimens
13 for the detection of alcohol and illegal and controlled substances.
- 14 (i) It maintains testing sites located throughout California.
- 15 (j) It maintains an automated 24-hour toll-free telephone system and/or a secure on-line
16 computer database that allows the Respondent to check in daily for testing.
- 17 (k) It maintains a secure, HIPAA-compliant website or computer system that allows staff
18 access to drug test results and compliance reporting information that is available 24 hours a
19 day.
- 20 (l) It employs or contracts with toxicologists that are licensed physicians and have
21 knowledge of substance abuse disorders and the appropriate medical training to interpret
22 and evaluate laboratory biological fluid test results, medical histories, and any other
23 information relevant to biomedical information.
- 24 (m) It will not consider a toxicology screen to be negative if a positive result is obtained
25 while practicing, even if the Respondent holds a valid prescription for the substance.
- 26 Prior to changing testing locations for any reason, including during vacation or other travel,
27 alternative testing locations must be approved by the Board and meet the requirements above.
- 28 The contract shall require that the laboratory directly notify the Board or its designee of

1 non-negative results within one (1) business day and negative test results within seven (7)
2 business days of the results becoming available. Respondent shall maintain this laboratory or
3 service contract during the period of probation.

4 A certified copy of any laboratory test result may be received in evidence in any
5 proceedings between the Board and Respondent.

6 If a biological fluid test result indicates Respondent has used, consumed, ingested, or
7 administered to himself or herself a prohibited substance, the Board shall order Respondent to
8 cease practice and instruct Respondent to leave any place of work where Respondent is practicing
9 medicine or providing medical services. The Board shall immediately notify all of Respondent's
10 employers, supervisors and work monitors, if any, that Respondent may not practice medicine or
11 provide medical services while the cease-practice order is in effect.

12 A biological fluid test will not be considered negative if a positive result is obtained while
13 practicing, even if the practitioner holds a valid prescription for the substance. If no prohibited
14 substance use exists, the Board shall lift the cease-practice order within one (1) business day.

15 After the issuance of a cease-practice order, the Board shall determine whether the positive
16 biological fluid test is in fact evidence of prohibited substance use by consulting with the
17 specimen collector and the laboratory, communicating with the licensee, his or her treating
18 physician(s), other health care provider, or group facilitator, as applicable.

19 For purposes of this condition, the terms "biological fluid testing" and "testing" mean the
20 acquisition and chemical analysis of a Respondent's urine, blood, breath, or hair.

21 For purposes of this condition, the term "prohibited substance" means an illegal drug, a
22 lawful drug not prescribed or ordered by an appropriately licensed health care provider for use by
23 Respondent and approved by the Board, alcohol, or any other substance the Respondent has been
24 instructed by the Board not to use, consume, ingest, or administer to himself or herself.

25 If the Board confirms that a positive biological fluid test is evidence of use of a prohibited
26 substance, Respondent has committed a major violation, as defined in section 1361.52(a), and the
27 Board shall impose any or all of the consequences set forth in section 1361.52(b), in addition to
28 any other terms or conditions the Board determines are necessary for public protection or to

1 enhance Respondent's rehabilitation.

2 4. EDUCATION COURSE. Within 60 calendar days of the effective date of this
3 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee
4 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours
5 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at
6 correcting any areas of deficient practice or knowledge and shall be Category I certified. The
7 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to
8 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the
9 completion of each course, the Board or its designee may administer an examination to test
10 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65
11 hours of CME of which 40 hours were in satisfaction of this condition.

12 5. PSYCHOTHERAPY. Within 60 calendar days of the effective date of this Decision,
13 Respondent shall submit to the Board or its designee for prior approval the name and
14 qualifications of a California-licensed board certified psychiatrist or a licensed psychologist who
15 has a doctoral degree in psychology and at least five years of postgraduate experience in the
16 diagnosis and treatment of emotional and mental disorders. Upon approval, Respondent shall
17 undergo and continue psychotherapy treatment, including any modifications to the frequency of
18 psychotherapy, until the Board or its designee deems that no further psychotherapy is necessary.

19 The psychotherapist shall consider any information provided by the Board or its designee
20 and any other information the psychotherapist deems relevant and shall furnish a written
21 evaluation report to the Board or its designee. Respondent shall cooperate in providing the
22 psychotherapist any information and documents that the psychotherapist may deem pertinent.

23 Respondent shall have the treating psychotherapist submit quarterly status reports to the
24 Board or its designee. The Board or its designee may require Respondent to undergo psychiatric
25 evaluations by a Board-appointed board certified psychiatrist. If, prior to the completion of
26 probation, Respondent is found to be mentally unfit to resume the practice of medicine without
27 restrictions, the Board shall retain continuing jurisdiction over Respondent's license and the
28 period of probation shall be extended until the Board determines that Respondent is mentally fit

1 to resume the practice of medicine without restrictions.

2 Respondent shall pay the cost of all psychotherapy and psychiatric evaluations.

3 6. SOLO PRACTICE PROHIBITION. Respondent is prohibited from engaging in the
4 solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice
5 where: 1) Respondent merely shares office space with another physician but is not affiliated for
6 purposes of providing patient care, or 2) Respondent is the sole physician practitioner at that
7 location.

8 If Respondent fails to establish a practice with another physician or secure employment in
9 an appropriate practice setting within 60 calendar days of the effective date of this Decision,
10 Respondent shall receive a notification from the Board or its designee to cease the practice of
11 medicine within three (3) calendar days after being so notified. The Respondent shall not resume
12 practice until an appropriate practice setting is established.

13 If, during the course of the probation, the Respondent's practice setting changes and the
14 Respondent is no longer practicing in a setting in compliance with this Decision, the Respondent
15 shall notify the Board or its designee within 5 calendar days of the practice setting change. If
16 Respondent fails to establish a practice with another physician or secure employment in an
17 appropriate practice setting within 60 calendar days of the practice setting change, Respondent
18 shall receive a notification from the Board or its designee to cease the practice of medicine within
19 three (3) calendar days after being so notified. The Respondent shall not resume practice until an
20 appropriate practice setting is established.

21 7. PROHIBITED PRACTICE. Respondent voluntarily ceased the practice of
22 emergency room (ER) medicine in March of 2010, and during probation, Respondent agrees to be
23 prohibited from practicing ER medicine, unless and until such time as her psychiatrist certifies to
24 the Board after Respondent has participated in appropriate education courses and medical
25 treatments necessary to ensure that she can practice ER medicine with safety to her patients.

26 8. WORKSITE MONITOR FOR SUBSTANCE-ABUSING LICENSEE

27 Within thirty (30) calendar days of the effective date of this Decision, Respondent shall
28 submit to the Board or its designee for prior approval as a worksite monitor, the name and

1 qualifications of one or more licensed physician and surgeon, other licensed health care
2 professional if no physician and surgeon is available, or, as approved by the Board or its designee,
3 a person in a position of authority who is capable of monitoring the Respondent at work.

4 The worksite monitor shall not have a current or former financial, personal, or familial
5 relationship with Respondent, or any other relationship that could reasonably be expected to
6 compromise the ability of the monitor to render impartial and unbiased reports to the Board or its
7 designee. If it is impractical for anyone but Respondent's employer to serve as the worksite
8 monitor, this requirement may be waived by the Board or its designee, however, under no
9 circumstances shall Respondent's worksite monitor be an employee or supervisee of the licensee.

10 The worksite monitor shall have an active unrestricted license with no disciplinary action
11 within the last five (5) years, and shall sign an affirmation that he or she has reviewed the terms
12 and conditions of Respondent's disciplinary order and agrees to monitor Respondent as set forth
13 by the Board or its designee.

14 Respondent shall pay all worksite monitoring costs.

15 The worksite monitor shall have face-to-face contact with Respondent in the work
16 environment on as frequent a basis as determined by the Board or its designee, but not less than
17 once per week; interview other staff in the office regarding Respondent's behavior, if requested
18 by the Board or its designee; and review Respondent's work attendance.

19 The worksite monitor shall verbally report any suspected substance abuse to the Board and
20 Respondent's employer or supervisor within one (1) business day of occurrence. If the suspected
21 substance abuse does not occur during the Board's normal business hours, the verbal report shall
22 be made to the Board or its designee within one (1) hour of the next business day. A written
23 report that includes the date, time, and location of the suspected abuse; Respondent's actions; and
24 any other information deemed important by the worksite monitor shall be submitted to the Board
25 or its designee within 48 hours of the occurrence.

26 The worksite monitor shall complete and submit a written report monthly or as directed by
27 the Board or its designee which shall include the following: (1) Respondent's name and
28 Physician's and Surgeon's Certificate number; (2) the worksite monitor's name and signature; (3)

1 the worksite monitor's license number, if applicable; (4) the location or location(s) of the
2 worksite; (5) the dates Respondent had face-to-face contact with the worksite monitor; (6) the
3 names of worksite staff interviewed, if applicable; (7) a report of Respondent's work attendance;
4 (8) any change in respondent's behavior and/or personal habits; and (9) any indicators that can
5 lead to suspected substance abuse by Respondent. Respondent shall complete any required
6 consent forms and execute agreements with the approved worksite monitor and the Board, or its
7 designee, authorizing the Board, or its designee, and worksite monitor to exchange information.

8 If the worksite monitor resigns or is no longer available, Respondent shall, within five (5)
9 calendar days of such resignation or unavailability, submit to the Board or its designee, for prior
10 approval, the name and qualifications of a replacement monitor who will be assuming that
11 responsibility within fifteen (15) calendar days. If Respondent fails to obtain approval of a
12 replacement monitor within sixty (60) calendar days of the resignation or unavailability of the
13 monitor, Respondent shall receive a notification from the Board or its designee to cease the
14 practice of medicine within three (3) calendar days after being so notified. Respondent shall
15 cease the practice of medicine until a replacement monitor is approved and assumes monitoring
16 responsibility.

17 9. VIOLATION OF PROBATION CONDITION FOR SUBSTANCE ABUSING
18 LICENSEES. Failure to fully comply with any term or condition of probation is a violation of
19 probation.

20 A. If Respondent commits a major violation of probation as defined by section 1361.52,
21 subdivision (a), of Title 16 of the California Code of Regulations, the Board shall take one
22 or more of the following actions:

23 (1) Issue an immediate cease-practice order and order Respondent to undergo a clinical
24 diagnostic evaluation to be conducted in accordance with section 1361.5, subdivision
25 (c)(1), of Title 16 of the California Code of Regulations, at Respondent's expense. The
26 cease-practice order issued by the Board or its designee shall state that Respondent must
27 test negative for at least a month of continuous biological fluid testing before being
28 allowed to resume practice. For purposes of the determining the length of time a

1 Respondent must test negative while undergoing continuous biological fluid testing
2 following issuance of a cease-practice order, a month is defined as thirty calendar (30)
3 days. Respondent may not resume the practice of medicine until notified in writing by
4 the Board or its designee that he or she may do so.

5 (2) Increase the frequency of biological fluid testing.

6 (3) Refer Respondent for further disciplinary action, such as suspension, revocation, or
7 other action as determined by the Board or its designee. (Cal. Code Regs., tit. 16, §
8 1361.52, subd. (b).)

9 B. If Respondent commits a minor violation of probation as defined by section 1361.52,
10 subdivision (c), of Title 16 of the California Code of Regulations, the Board shall take one
11 or more of the following actions:

12 (1) Issue a cease-practice order;

13 (2) Order practice limitations;

14 (3) Order or increase supervision of Respondent;

15 (4) Order increased documentation;

16 (5) Issue a citation and fine, or a warning letter;

17 (6) Order Respondent to undergo a clinical diagnostic evaluation to be conducted in
18 accordance with section 1361.5, subdivision (c)(1), of Title 16 of the California Code of
19 Regulations, at Respondent's expense;

20 (7) Take any other action as determined by the Board or its designee. (Cal. Code Regs.,
21 tit. 16, § 1361.52, subd. (d).)

22 C. Nothing in this Decision shall be considered a limitation on the Board's authority to
23 revoke Respondent's probation if he or she has violated any term or condition of probation.
24 (See Cal. Code Regs., tit. 16, § 1361.52, subd. (e).) If Respondent violates probation in any
25 respect, the Board, after giving Respondent notice and the opportunity to be heard, may
26 revoke probation and carry out the disciplinary order that was stayed. If an Accusation, or
27 Petition to Revoke Probation, or an Interim Suspension Order is filed against Respondent
28 during probation, the Board shall have continuing jurisdiction until the matter is final, and

1 the period of probation shall be extended until the matter is final.

2 10. NOTICE OF EMPLOYER OR SUPERVISOR INFORMATION. Within seven (7)
3 days of the effective date of this Decision, Respondent shall provide to the Board the names,
4 physical addresses, mailing addresses, and telephone numbers of any and all employers and
5 supervisors. Respondent shall also provide specific, written consent for the Board, Respondent's
6 worksite monitor, and Respondent's employers and supervisors to communicate regarding
7 Respondent's work status, performance, and monitoring.

8 For purposes of this section, "supervisors" shall include the Chief of Staff and Health or
9 Well Being Committee Chair, or equivalent, if applicable, when the Respondent has medical staff
10 privileges.

11 11. SUPERVISION OF PHYSICIAN ASSISTANTS. During probation, Respondent is
12 prohibited from supervising physician assistants.

13 12. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules
14 governing the practice of medicine in California and remain in full compliance with any court
15 ordered criminal probation, payments, and other orders.

16 13. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
17 under penalty of perjury on forms provided by the Board, stating whether there has been
18 compliance with all the conditions of probation.

19 Respondent shall submit quarterly declarations not later than 10 calendar days after the end
20 of the preceding quarter.

21 14. GENERAL PROBATION REQUIREMENTS.

22 Compliance with Probation Unit

23 Respondent shall comply with the Board's probation unit and all terms and conditions of
24 this Decision.

25 Address Changes

26 Respondent shall, at all times, keep the Board informed of Respondent's business and
27 residence addresses, email address (if available), and telephone number. Changes of such
28 addresses shall be immediately communicated in writing to the Board or its designee. Under no

1 circumstances shall a post office box serve as an address of record, except as allowed by Business
2 and Professions Code section 2021(b).

3 Place of Practice

4 Respondent shall not engage in the practice of medicine in Respondent's or patient's place
5 of residence, unless the patient resides in a skilled nursing facility or other similar licensed
6 facility.

7 License Renewal

8 Respondent shall maintain a current and renewed California physician's and surgeon's
9 license.

10 Travel or Residence Outside California

11 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
12 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty
13 (30) calendar days.

14 In the event Respondent should leave the State of California to reside or to practice
15 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of
16 departure and return.

17 15. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be
18 available in person upon request for interviews either at Respondent's place of business or at the
19 probation unit office, with or without prior notice throughout the term of probation.

20 16. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
21 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
22 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
23 defined as any period of time Respondent is not practicing medicine in California as defined in
24 Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month
25 in direct patient care, clinical activity or teaching, or other activity as approved by the Board. All
26 time spent in an intensive training program which has been approved by the Board or its designee
27 shall not be considered non-practice. Practicing medicine in another state of the United States or
28 Federal jurisdiction while on probation with the medical licensing authority of that state or

1 jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall
2 not be considered as a period of non-practice.

3 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
4 months, Respondent shall successfully complete a clinical training program that meets the criteria
5 of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and
6 Disciplinary Guidelines" prior to resuming the practice of medicine.

7 Respondent's period of non-practice while on probation shall not exceed two (2) years.

8 Periods of non-practice will not apply to the reduction of the probationary term.

9 Periods of non-practice will relieve Respondent of the responsibility to comply with the
10 probationary terms and conditions with the exception of this condition and the following terms
11 and conditions of probation: Obey All Laws; and General Probation Requirements.

12 17. COMPLETION OF PROBATION. Respondent shall comply with all financial
13 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
14 completion of probation. Upon successful completion of probation, Respondent's certificate shall
15 be fully restored.

16 18. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
17 of probation is a violation of probation. If Respondent violates probation in any respect, the
18 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
19 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,
20 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have
21 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
22 the matter is final.

23 19. LICENSE SURRENDER. Following the effective date of this Decision, if
24 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
25 the terms and conditions of probation, Respondent may request to surrender his or her license.
26 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
27 determining whether or not to grant the request, or to take any other action deemed appropriate
28 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent

1 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
2 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
3 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
4 application shall be treated as a petition for reinstatement of a revoked certificate.

5 20. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
6 with probation monitoring each and every year of probation, as designated by the Board, which
7 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
8 California and delivered to the Board or its designee no later than January 31 of each calendar
9 year.

10
11 ACCEPTANCE

12 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
13 discussed it with my attorney, Steve Simas. I understand the stipulation and the effect it will have
14 on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
15 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
16 Decision and Order of the Medical Board of California.

17
18 DATED: 3/24/2016 Patricia Ann Snyder M.D.
19 PATRICIA ANN SNYDER, M.D.
20 Respondent

21 I have read and fully discussed with Respondent Patricia Ann Snyder, M.D. the terms and
22 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
23 I approve its form and content.

24 DATED: 3/25/16 Steve Simas
25 Steve Simas
26 Attorney for Respondent

27 ENDORSEMENT

28 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully
submitted for consideration by the Medical Board of California.

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Dated:

3/25/16

Respectfully submitted,

KAMALA D. HARRIS
Attorney General of California
JANE ZACK SIMON
Supervising Deputy Attorney General



CAROLYN EVANS
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation and Petition to Revoke Probation No. 800-2015-014517

1 KAMALA D. HARRIS
Attorney General of California
2 JANE ZACK SIMON
Supervising Deputy Attorney General
3 CAROLYNE EVANS
Deputy Attorney General
4 State Bar No. 289206
455 Golden Gate Avenue, Suite 11000
5 San Francisco, CA 94102-7004
Telephone: (415) 703-1211
6 Facsimile: (415) 703-5480
Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO January 26 2016
BY R. Firdaus ANALYST

7
8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation and Petition to
Revoke Probation Against:

13 **Patricia Ann Snyder, M.D.**
14 **9700 El Camino Real**
Atascadero, CA 93422-5569

15 **Physician's and Surgeon's certificate**
16 **No. A44222,**

17 Respondent.

Case No. 800-2015-014517

**ACCUSATION AND PETITION TO
REVOKE PROBATION**

18
19 Complainant alleges:

20 **PARTIES**

21 1. Kimberly Kirchmeyer (Complainant) brings this Accusation and Petition to Revoke
22 Probation solely in her official capacity as the Executive Director of the Medical Board of
23 California, Department of Consumer Affairs (Board).

24 2. On or about November 23, 1987, the Board issued Physician's and Surgeon's
25 certificate Number A44222 to Patricia Ann Snyder, M.D. (Respondent). The Physician's and
26 Surgeon's certificate was in full force and effect at all times relevant to the charges brought herein
27 and will expire on January 31, 2017, unless renewed.

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1 “The board shall take action against any licensee who is charged with unprofessional
2 conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not
3 limited to, the following:

4 “(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the
5 violation of, or conspiring to violate any provision of this chapter.

6 “. . .”

7 9. Unprofessional conduct under section 2234 is conduct which breaches the rules or
8 ethical code of the medical profession, or conduct which is unbecoming of a member in good
9 standing of the medical profession, which demonstrates an unfitness to practice medicine. (*Shea*
10 *v. Board of Medical Examiner* (1978) 81 Cal.App.3d 564, 575).

11 **CAUSE FOR DISCIPLINE**

12 **(Unprofessional Conduct)**

13 10. Respondent has subjected her Physician’s and Surgeon’s certificate No. A44222 to
14 disciplinary action under sections 2227 and 2234, as defined by section 2234, of the Code, in that
15 she has engaged in conduct which breaches the rules or ethical code of the medical profession, or
16 conduct which is unbecoming of a member in good standing of the medical profession, and which
17 demonstrates an unfitness to practice medicine, by failing to comply with the terms of her
18 probation, as more particularly alleged hereinafter:

19 11. At all times after the effective date of the Medical Board’s Decision and Order in
20 Case No. 03-2010-206145, Probation Condition 2 stated:

21 “2. BIOLOGICAL FLUID TESTING: Respondent shall immediately submit to
22 biological fluid testing, at Respondent's expense, upon request of the Board or its designee.
23 “Biological fluid testing” may include, but is not limited to, urine, blood, breathalyzer, hair
24 follicle testing, or similar drug screening approved by the Board or its designee. Prior to
25 practicing medicine, Respondent shall contract with a laboratory or service approved in advance
26 by the Board or its designee that will conduct random, unannounced, observed, biological fluid
27 testing. Biological fluid testing for Respondent shall be conducted not more than twenty-four
28 (24) times per year. The contract shall require results of the tests to be transmitted by the

1 laboratory or service directly to the Board or its designee within four hours of the results
2 becoming available. Respondent shall maintain this laboratory or service contract during the
3 period of probation.

4 A certified copy of any laboratory test result may be received in evidence in any
5 proceedings between the Board and Respondent.

6 If Respondent fails to cooperate in a random biological fluid testing program within the
7 specified time frame, Respondent shall receive a notification from the Board or its designee to
8 immediately cease the practice of medicine. The Respondent shall not resume the practice of
9 medicine until final decision on an accusation and/or a petition to revoke probation. An
10 accusation and/or petition to revoke probation shall be filed by the Board within 15 days of the
11 notification to cease practice. If the Respondent requests a hearing on the accusation and/or
12 petition to revoke probation, the Board shall provide the Respondent with a hearing within 30
13 days of the request, unless the Respondent stipulates to a later hearing. A decision shall be
14 received from the Administrative Law Judge or the Board within 15 days unless good cause can
15 be shown for the delay. The cessation of practice shall not apply to the reduction of the
16 probationary time period.

17 If the Board does not file an accusation or petition to revoke probation within 15 days of the
18 issuance of the notification to cease practice or does not provide Respondent with a hearing
19 within 30 days of such a request, the notification of cease practice shall be dissolved.

20 12. Respondent engaged in conduct which breaches the rules of ethical code of the
21 medical profession, or conduct which is unbecoming of a member in good standing of the medical
22 profession, and which demonstrates an unfitness to practice medicine when she failed to comply
23 with Probation Condition No. 2, as follows:

24 A. Respondent failed to cooperate with FirstLab RMS case note system's random
25 biological fluid testing program check-in by failing to call in to the system on a daily basis on the
26 following dates: August 21, 2014; September 11, 2014; September 13, 2014; September 16,
27 2014; October 2, 2014; October 8, 2014; October 9, 2014; October 11, 2014; October 13, 2014;
28 November 8, 2014; November 29, 2014; December 6, 2014; December 14, 2016; December 20,

2014; February 14, 2015; February 26, 2015; March 9, 2015; May 23, 2015; June 17, 2015; June 18, 2015; June 19, 2015; June 20, 2015; August 25, 2015; October 12, 2015; November 17, 2015; November 22, 2015; December 21, 2015; December 24, 2015; December 28, 2015; December 31, 2015; and January 4, 2016; and

B. Respondent failed to submit to biological fluid for testing, when selected to do so, on the following dates: August 21, 2014, October 12, 2014, December 6, 2014, July 18, 2015, August 13, 2015, October 26, 2015, and November 6, 2015, November 15, 2015, November 19, 2015, and December 3, 2015.

FIRST CAUSE TO REVOKE PROBATION

(Failure to Cooperate in Random Biological Fluid Testing Program)

13. Respondent's probation is subject to revocation because she failed to comply with Probation Condition No. 2, as required by the Board's Order of June 26, 2014, as more particularly alleged in paragraphs 10 through 12, above, which are hereby incorporated by reference and realleged as if fully set forth herein, in that Respondent failed to cooperate with FirstLab RMS case note system's random biological fluid testing program check in by failing to call in to the system on a daily basis on the following dates: August 21, 2014; September 11, 2014; September 13, 2014; September 16, 2014; October 2, 2014; October 8, 2014; October 9, 2014; October 11, 2014; October 13, 2014; November 8, 2014; November 29, 2014; December 6, 2014; December 14, 2016; December 20, 2014; February 14, 2015; February 26, 2015; March 9, 2015; May 23, 2015; June 17, 2015; June 18, 2015; June 19, 2015; June 20, 2015; August 25, 2015; October 12, 2015; November 17, 2015; November 22, 2015; December 21, 2015; December 24, 2015; December 28, 2015; December 31, 2015; and January 4, 2016.

SECOND CAUSE TO REVOKE PROBATION

(Failure to Immediately Provide Biological Fluid Samples on Days Selected for Biological Fluid Testing)

14. Respondent's probation is further subject to revocation because she failed to comply with Probation Condition No. 2, as required by the Board's Order of June 26, 2014, as more particularly alleged in paragraphs 10 through 12 above, which are hereby incorporated by reference and realleged as if fully set forth herein, in that Respondent failed to submit to

1 biological fluid testing, when selected to do so, on the following dates: August 21, 2014, October
2 12, 2014, December 6, 2014, July 18, 2015, August 13, 2015, October 26, 2015, and November
3 6, 2015, November 15, 2015, November 19, 2015, and December 3, 2015.

4
5 **PRAYER**

6 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
7 and that following the hearing, the Medical Board of California issue a decision:

8 1. Revoking or suspending Physician's and Surgeon's certificate Number A44222, issued
9 to Patricia Ann Snyder, M.D.;

10 2. Revoking the probation and imposing discipline that was stayed in Case No. 03-2010-
11 206145, i.e., revocation of Physician's and Surgeon's Certificate No. A44222 issued to
12 Respondent Patricia Ann Snyder, M.D.;

13 3. Revoking, suspending, or denying approval of Respondent Patricia Ann Snyder,
14 M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code;

15 4. Ordering Respondent Patricia Ann Snyder, M.D. to pay the Medical Board of
16 California, if placed on probation, the costs of probation monitoring; and

17 5. Taking such other and further action as deemed necessary and proper.

18
19 DATED: January 26, 2016


KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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Exhibit A

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:)	
)	
)	
PATRICIA ANN SNYDER, M.D.)	Case No. 03-2010-206145
)	
Physician's and Surgeon's)	
Certificate No. A 44222)	
)	
Respondent.)	
_____)	

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Medical Board of California, Department of Consumer Affairs, State of California, as its Decision in this matter.

This Decision shall become effective at 5:00 p.m. on July 25, 2014.

IT IS SO ORDERED June 26, 2014.

MEDICAL BOARD OF CALIFORNIA



By: _____
Dev Gnanadev, M.D., Vice Chairman
Panel B

1 KAMALA D. HARRIS
Attorney General of California
2 JOSE R. GUERRERO
Supervising Deputy Attorney General
3 VIVIEN H. HARA
Deputy Attorney General
4 State Bar No. 84589
455 Golden Gate Avenue, Suite 11000
5 San Francisco, CA 94102-7004
Telephone: (415) 703-5513
6 Facsimile: (415) 703-5480
E-mail: vivien.hara@doj.ca.gov
7 *Attorneys for Complainant*

8 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
9 **DEPARTMENT OF CONSUMER AFFAIRS**
10 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

Case No. 03-2010-206145

12 **PATRICIA ANN SNYDER, M.D.**
13 **P.O. Box 670**
San Luis Obispo, CA 93422
14 **Physician and Surgeon's Certificate No.**
15 **A 44222**

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

16 Respondent.

17 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above
18 entitled proceedings that the following matters are true.

19 PARTIES

20 1. Linda K. Whitney (Complainant) was the Executive Director of the Medical Board of
21 California at the time of filing of Accusation No. 03-2010-206145. She brought this action solely
22 in her official capacity and is represented in this matter by Kamala D. Harris, Attorney General of
23 the State of California, by Vivien H. Hara, Deputy Attorney General.

24 2. Respondent Patricia Ann Snyder, M.D.(Respondent) is represented in this proceeding
25 by attorney James C. Schaeffer, Esq. whose address is:

26 Boyce Schaeffer LLP
27 500 Esplanade Drive, Suite 560
28 Oxnard, CA 93036

1 3. On or about November 23, 1987, the Medical Board of California issued Physician
2 and Surgeon's Certificate No. A 44222 to Patricia Ann Snyder, M.D. (Respondent). Unless
3 renewed, this certificate will expire on January 31, 2015.

4 JURISDICTION

5 4. Accusation No. 03-2010-206145 was filed before the Medical Board of California
6 (Board), Department of Consumer Affairs, and is currently pending against Respondent. The
7 Accusation and all other statutorily required documents were properly served on Respondent on
8 August 10, 2011. Respondent timely filed her Notice of Defense contesting the Accusation.

9 5. A copy of Accusation No. 03-2010-206145 is attached as exhibit A and incorporated
10 herein by reference.

11 ADVISEMENT AND WAIVERS

12 6 Respondent has carefully read, fully discussed with counsel, and understands the
13 charges and allegations in Accusation No. 03-2010-206145. Respondent has also carefully read,
14 fully discussed with counsel, and understands the effects of this Stipulated Settlement and
15 Disciplinary Order.

16 7. Respondent is fully aware of her legal rights in this matter, including the right to a
17 hearing on the charges and allegations in the Accusation; the right to be represented by counsel at
18 her own expense; the right to confront and cross-examine the witnesses against her; the right to
19 present evidence and to testify on her own behalf; the right to the issuance of subpoenas to
20 compel the attendance of witnesses and the production of documents; the right to reconsideration
21 and court review of an adverse decision; and all other rights accorded by the California
22 Administrative Procedure Act and other applicable laws.

23 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and
24 every right set forth above.

25 CULPABILITY

26 9 Respondent understands and agrees that the charges and allegations in Accusation
27 No. 03-2010-206145, if proven at a hearing, constitute cause of imposing discipline upon her
28 Physician and Surgeon's Certificate.

10. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the accusation, and that Respondent hereby gives up her right to contest those charges.

11. Respondent agrees that her Physician and Surgeon's Certificate is subject to discipline and she agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

CIRCUMSTANCES IN MITIGATION

12. Respondent Patricia Ann Snyder, M.D. has not been the subject of any previous disciplinary action. She is now completely abstinent from narcotic controlled substances to control her intractable neck pain and her clinical depression is under good control. She has undergone psychiatric and psychological evaluation and has ongoing psychiatric treatment for her pain issues as well as for her long-term clinical depression.

RESERVATION

13. The admissions made by Respondent herein are only for the purposes of this proceeding, or any other proceedings in which the Medical Board of California or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceeding. Nothing in this Decision is intended to affect the status of Respondent's position as a provider of Medicare or private health insurance services.

CONTINGENCY

14. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or her counsel. By signing the stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal

1 action between the parties, and the Board shall not be disqualified from further action by having
2 considered this matter.

3 15 The parties understand and agree that facsimile copies of this Stipulated Settlement
4 and Disciplinary Order, including facsimile signatures thereto, shall have the same force and
5 effect as the originals.

6 16 In consideration of the foregoing admissions and stipulations, the parties agree that
7 the Board may, without further notice or formal proceeding, issue and enter the following
8 Disciplinary Order:

9 DISCIPLINARY ORDER

10 IT IS HEREBY ORDERED that Physician and Surgeon's Certificate No. A 44222, issued
11 to Respondent Patricia Ann Snyder, M.D. (Respondent), is revoked. However, the revocation is
12 stayed and Respondent is placed on probation for five (5) years on the following terms and
13 conditions.

14 1. CONTROLLED SUBSTANCES - ABSTAIN FROM USE. Respondent shall abstain
15 completely from the personal use or possession of controlled substances as defined in the
16 California Uniform Controlled Substances Act, dangerous drugs as defined by Business and
17 Professions Code section 4022, and any drugs requiring a prescription. This prohibition does not
18 apply to medications lawfully prescribed to Respondent by another practitioner for a bona fide
19 illness or condition.

20 Within 15 calendar days of receiving any lawfully prescribed medications, Respondent
21 shall notify the Board or its designee of the: issuing practitioner's name, address, and telephone
22 number; medication name, strength, and quantity; and issuing pharmacy name, address, and
23 telephone number.

24 If Respondent has a confirmed positive biological fluid test for any substance (whether or
25 not legally prescribed) and has not reported the use to the Board or its designee, Respondent shall
26 receive a notification from the Board or its designee to immediately cease the practice of
27 medicine. The Respondent shall not resume the practice of medicine until final decision on an
28 accusation and/or a petition to revoke probation. An accusation and/or petition to revoke

1 probation shall be filed by the Board within 15 days of the notification to cease practice. If the
2 Respondent requests a hearing on the accusation and/or petition to revoke probation, the Board
3 shall provide the Respondent with a hearing within 30 days of the request, unless the Respondent
4 stipulates to a later hearing. A decision shall be received from the Administrative Law Judge or
5 the Board within 15 days unless good cause can be shown for the delay. The cessation of practice
6 shall not apply to the reduction of the probationary time period.

7 If the Board does not file an accusation or petition to revoke probation within 15 days of the
8 issuance of the notification to cease practice or does not provide Respondent with a hearing
9 within 30 days of such a request, the notification of cease practice shall be dissolved.

10 2. BIOLOGICAL FLUID TESTING. Respondent shall immediately submit to
11 biological fluid testing, at Respondent's expense, upon request of the Board or its designee.
12 "Biological fluid testing" may include, but is not limited to, urine, blood, breathalyzer, hair
13 follicle testing, or similar drug screening approved by the Board or its designee. Prior to
14 practicing medicine, Respondent shall contract with a laboratory or service approved in advance
15 by the Board or its designee that will conduct random, unannounced, observed, biological fluid
16 testing. Biological fluid testing for Respondent shall be conducted not more than twenty-four
17 (24) times per year. The contract shall require results of the tests to be transmitted by the
18 laboratory or service directly to the Board or its designee within four hours of the results
19 becoming available. Respondent shall maintain this laboratory or service contract during the
20 period of probation.

21 A certified copy of any laboratory test result may be received in evidence in any
22 proceedings between the Board and Respondent.

23 If Respondent fails to cooperate in a random biological fluid testing program within the
24 specified time frame, Respondent shall receive a notification from the Board or its designee to
25 immediately cease the practice of medicine. The Respondent shall not resume the practice of
26 medicine until final decision on an accusation and/or a petition to revoke probation. An
27 accusation and/or petition to revoke probation shall be filed by the Board within 15 days of the
28 notification to cease practice. If the Respondent requests a hearing on the accusation and/or

petition to revoke probation, the Board shall provide the Respondent with a hearing within 30 days of the request, unless the Respondent stipulates to a later hearing. A decision shall be received from the Administrative Law Judge or the Board within 15 days unless good cause can be shown for the delay. The cessation of practice shall not apply to the reduction of the probationary time period.

If the Board does not file an accusation or petition to revoke probation within 15 days of the issuance of the notification to cease practice or does not provide Respondent with a hearing within 30 days of such a request, the notification of cease practice shall be dissolved.

3. PSYCHOTHERAPY. Within 60 calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval the name and qualifications of a California-licensed board certified psychiatrist and/or a licensed psychologist who has a doctoral degree in psychology and at least five years of postgraduate experience in the diagnosis and treatment of emotional and mental disorders. Upon approval, Respondent shall undergo and continue psychotherapy treatment, including any modifications to the frequency of psychotherapy, until the Board or its designee deems that no further psychotherapy is necessary.

The psychotherapist shall consider any information provided by the Board or its designee and any other information the psychotherapist deems relevant and shall furnish a written evaluation report to the Board or its designee. Respondent shall cooperate in providing the psychotherapist any information and documents that the psychotherapist may deem pertinent.

Respondent shall have the treating psychotherapist submit quarterly status reports to the Board or its designee. The Board or its designee may require Respondent to undergo psychiatric evaluations by a Board-appointed board certified psychiatrist. If, prior to the completion of probation, Respondent is found to be mentally unfit to resume the practice of medicine without restrictions, the Board shall retain continuing jurisdiction over Respondent's license and the period of probation shall be extended until the Board determines that Respondent is mentally fit to resume the practice of medicine without restrictions.

Respondent shall pay the cost of all psychotherapy and psychiatric evaluations.

///

1 4. EDUCATION COURSE. Within calendar days of the effective date of this Decision,
2 Respondent shall submit to the Board or its designee for its prior approval educational programs
3 or courses which shall not be less than 20 hours per year for each year of probation. The
4 educational programs or courses shall be aimed at correcting any areas of deficient practice or
5 knowledge and shall be Category I certified or Board approved and limited to classroom,
6 conference, or seminar settings. The educational programs or courses shall be at Respondent's
7 expense and shall be in addition to the Continuing Medical Education (CME) requirements for
8 renewal of licensure. Following the completion of each course, the Board or its designee may
9 administer an examination to test Respondent's knowledge of the course. Respondent shall
10 provide proof of attendance of 45 hours of CME of which 20 hours were in satisfaction of this
11 condition.

12 5. PRACTICE MONITORING. Within 30 calendar days of the effective date of this
13 Decision, Respondent shall submit to the Board or its designee, for prior approval as a practice
14 monitor, the name and qualifications of one or more licensed physicians and surgeons whose
15 licenses are valid and in good standing, and who are preferably American Board of Medical
16 Specialties (ABMS) certified. This monitor shall be an on-site physician monitor. The monitor
17 shall have no relationship with Respondent that could reasonably be expected to compromise the
18 ability of the monitor to render fair and unbiased reports to the Board, including but not limited to
19 any form of bartering, shall be in Respondent's field of practice, and must agree to serve as
20 Respondent's monitor. Respondent shall pay any monitoring costs.

21 The Board or its designee shall provide the approved monitor with copies of the Decision
22 and Accusation, and a proposed monitoring plan. Within 15 calendar days of receipt of the
23 Decision, Accusation, and proposed monitoring plan, the monitor shall submit a signed statement
24 that the monitor has read the Decision(s) and Accusation(s), fully understands the role of a
25 monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with
26 the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed
27 statement for approval by the Board or its designee.

28 ///

1 Within 60 calendar days of the effective date of this Decision, and continuing throughout
2 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall
3 make all records available for immediate inspection and copying on the premises by the monitor
4 at all times during business hours and shall retain the records for the entire term of probation.

5 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
6 date of this Decision, Respondent shall receive a notification from the Board or its designee to
7 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
8 shall cease the practice of medicine until a monitor is approved to provide monitoring
9 responsibility.

10 The monitor(s) shall submit a quarterly written report to the Board or its designee which
11 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
12 are within the standard of practice of medicine, and whether Respondent is practicing medicine
13 safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the
14 quarterly written reports to the Board or its designee within 10 calendar days after the end of the
15 preceding quarter.

16 If the monitor resigns or is no longer available, Respondent shall, within five (5) calendar
17 days of such resignation or unavailability, submit to the Board or its designee, for prior approval,
18 the name and qualifications of a replacement monitor who will be assuming that responsibility
19 within 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within
20 60 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
21 notification from the Board or its designee to cease the practice of medicine within three (3)
22 calendar days after being so notified Respondent shall cease the practice of medicine until a
23 replacement monitor is approved and assumes monitoring responsibility.

24 In lieu of a monitor, Respondent may participate in a professional enhancement program
25 equivalent to the one offered by the Physician Assessment and Clinical Education Program at the
26 University of California, San Diego School of Medicine, that includes, at minimum, quarterly
27 chart review, semi-annual practice assessment, and semi-annual review of professional growth

28 ///

1 and education. Respondent shall participate in the professional enhancement program at
2 Respondent's expense during the term of probation.

3 6. SOLO PRACTICE PROHIBITION. Respondent is prohibited from engaging in the
4 solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice
5 where: 1) Respondent merely shares office space with another physician but is not affiliated for
6 purposes of providing patient care, or 2) Respondent is the sole physician practitioner at that
7 location.

8 If Respondent fails to establish a practice with another physician or secure employment in
9 an appropriate practice setting within 60 calendar days of the effective date of this Decision,
10 Respondent shall receive a notification from the Board or its designee to cease the practice of
11 medicine within three (3) calendar days after being so notified. The Respondent shall not resume
12 practice until an appropriate practice setting is established.

13 If, during the course of the probation, the Respondent's practice setting changes and the
14 Respondent is no longer practicing in a setting in compliance with this Decision, the Respondent
15 shall notify the Board or its designee within 5 calendar days of the practice setting change. If
16 Respondent fails to establish a practice with another physician or secure employment in an
17 appropriate practice setting within 60 calendar days of the practice setting change, Respondent
18 shall receive a notification from the Board or its designee to cease the practice of medicine within
19 three (3) calendar days after being so notified. The Respondent shall not resume practice until an
20 appropriate practice setting is established.

21 7. PROHIBITED PRACTICE. Respondent voluntarily ceased the practice of
22 emergency room (ER) medicine in March of 2010, and during probation, Respondent agrees to be
23 prohibited from practicing ER medicine, unless and until such time as her practice monitor and/or
24 her psychiatrist certifies to the Board after Respondent has participated in appropriate educational
25 courses and medical treatments necessary to ensure that she can practice ER medicine with safety
26 to her patients.

27 8. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
28 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the

1 Chief Executive Officer at every hospital where privileges or membership are extended to
2 Respondent, at any other facility where Respondent engages in the practice of medicine,
3 including all physician and *locum tenens* registries or other similar agencies, and to the Chief
4 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
5 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
6 calendar days.

7 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

8 9. SUPERVISION OF PHYSICIAN ASSISTANTS. During probation, Respondent is
9 prohibited from being the supervisor of physician assistants.

10 10. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules
11 governing the practice of medicine in California and remain in full compliance with any court
12 ordered criminal probation, payments, and other orders.

13 11. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
14 under penalty of perjury on forms provided by the Board, stating whether there has been
15 compliance with all the conditions of probation.

16 Respondent shall submit quarterly declarations not later than 10 calendar days after the end
17 of the preceding quarter.

18 12. GENERAL PROBATION REQUIREMENTS.

19 Compliance with Probation Unit

20 Respondent shall comply with the Board's probation unit and all terms and conditions of
21 this Decision.

22 Address Changes

23 Respondent shall, at all times, keep the Board informed of Respondent's business and
24 residence addresses, email address (if available), and telephone number. Changes of such
25 addresses shall be immediately communicated in writing to the Board or its designee. Under no
26 circumstances shall a post office box serve as an address of record, except as allowed by Business
27 and Professions Code section 2021(b).

28 ///

1 Place of Practice

2 Respondent shall not engage in the practice of medicine in Respondent's or patient's place
3 of residence, unless the patient resides in a skilled nursing facility or other similar licensed
4 facility.

5 License Renewal

6 Respondent shall maintain a current and renewed California physician's and surgeon's
7 license.

8 Travel or Residence Outside California

9 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
10 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty
11 (30) calendar days.

12 In the event Respondent should leave the State of California to reside or to practice
13 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of
14 departure and return.

15 13. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be
16 available in person upon request for interviews either at Respondent's place of business or at the
17 probation unit office, with or without prior notice throughout the term of probation.

18 14. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
19 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
20 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
21 defined as any period of time Respondent is not practicing medicine in California as defined in
22 Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month
23 in direct patient care, clinical activity or teaching, or other activity as approved by the Board. All
24 time spent in an intensive training program which has been approved by the Board or its designee
25 shall not be considered non-practice. Practicing medicine in another state of the United States or
26 Federal jurisdiction while on probation with the medical licensing authority of that state or
27 jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall
28 not be considered as a period of non-practice.

1 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
2 months, Respondent shall successfully complete a clinical training program that meets the criteria
3 of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and
4 Disciplinary Guidelines" prior to resuming the practice of medicine.

5 Respondent's period of non-practice while on probation shall not exceed two (2) years.

6 Periods of non-practice will not apply to the reduction of the probationary term.

7 Periods of non-practice will relieve Respondent of the responsibility to comply with the
8 probationary terms and conditions with the exception of this condition and the following terms
9 and conditions of probation: Obey All Laws; and General Probation Requirements.

10 15. COMPLETION OF PROBATION. Respondent shall comply with all financial
11 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
12 completion of probation. Upon successful completion of probation, Respondent's certificate shall
13 be fully restored. Pursuant to the provisions of Business and Professions Code section 2307(b),
14 Respondent may petition for early termination of probation after two years have elapsed from the
15 effective date of this Decision.

16 16. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
17 of probation is a violation of probation. If Respondent violates probation in any respect, the
18 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
19 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,
20 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have
21 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
22 the matter is final.

23 17. LICENSE SURRENDER. Following the effective date of this Decision, if
24 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
25 the terms and conditions of probation, Respondent may request to surrender his or her license.
26 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
27 determining whether or not to grant the request, or to take any other action deemed appropriate
28 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent

1 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
2 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
3 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
4 application shall be treated as a petition for reinstatement of a revoked certificate.

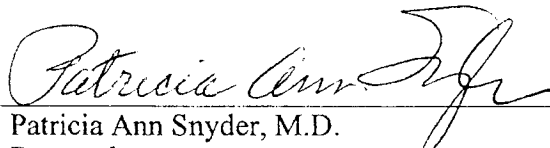
5 18. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
6 with probation monitoring each and every year of probation, as designated by the Board, which
7 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
8 California and delivered to the Board or its designee no later than January 31 of each calendar
9 year.

10 ACCEPTANCE

11 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
12 discussed it with my attorney, James C. Schaeffer, Esq.. I understand the stipulation and the
13 effect it will have on my Physician and Surgeon's Certificate. I enter into this Stipulated
14 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be
15 bound by the Decision and Order of the Medical Board of California.

16
17 DATED:

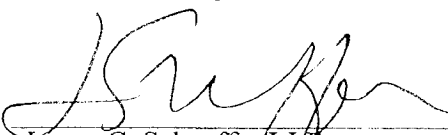
4/16/2014

18 
Patricia Ann Snyder, M.D.
Respondent

19
20 I have read and fully discussed with Respondent Patricia Ann Snyder, M.D. the terms and
21 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
22 I approve its form and content.

23 DATED:

5-2-14

24 
James C. Schaeffer LL.M.
Attorney for Respondent

25 ///

26 ///

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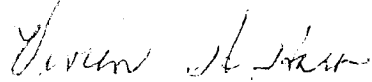
ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully
submitted for consideration by the Medical Board of California.

DATED: 7/16/2014

Respectfully submitted,

KAMALA D. HARRIS
Attorney General of California
JOSE R. GUERRERO
Supervising Deputy Attorney General



VIVIEN H. HARA
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 03-2010-206145

1 KAMALA D. HARRIS
Attorney General of California
2 JOSE R. GUERRERO
Supervising Deputy Attorney General
3 VIVIEN H. HARA
Deputy Attorney General
4 State Bar No. 84589
455 Golden Gate Avenue, Suite 11000
5 San Francisco, CA 94102-7004
Telephone: (415) 703-5513
6 Facsimile: (415) 703-5480
E-mail: vivien.hara@doj.ca.gov
7 *Attorneys for Complainant*

8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

Case No. 03-2010-206145

12 **PATRICIA ANN SNYDER, M.D.**

13 **P.O. Box 2572**
14 **Atascadero, CA 93423**
15 **Physician and Surgeon's Certificate No.**
16 **A44222**

A C C U S A T I O N

Respondent.

17 Complainant alleges:

18 **PARTIES**

- 19 1. Linda K. Whitney (Complainant) brings this Accusation solely in her official capacity
20 as the Executive Director of the Medical Board of California, Department of Consumer Affairs.
21 2. On or about November 23, 1987, the Medical Board of California issued Physician
22 and Surgeon's Certificate Number A44222 to Patricia Ann Snyder, M.D. (Respondent). This
23 Certificate was in full force and effect at all times relevant to the charges brought herein and will
24 expire on January 31, 2013, unless renewed.

25 **JURISDICTION**

- 26 3. This Accusation is brought before the Medical Board of California (Board),
27 Department of Consumer Affairs, under the authority of the following laws. All section
28 references are to the Business and Professions Code unless otherwise indicated.

1 4. Section 2227 of the Code provides that a licensee who is found guilty under the
2 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed
3 one year, placed on probation and required to pay the costs of probation monitoring, or such other
4 action taken in relation to discipline as the Board deems proper.

5 5. Section 820 of the Code states:

6 "Whenever it appears that any person holding a license, certificate or permit
7 under this division or under any initiative act referred to in this division may be
8 unable to practice his or her profession safely because the licentiate's ability to
9 practice is impaired due to mental illness, or physical illness affecting competency,
10 the licensing agency may order the licentiate to be examined by one or more
11 physicians and surgeons or psychologists designated by the agency. The report of
12 the examiners shall be made available to the licentiate and may be received as direct
13 evidence in proceedings conducted pursuant to Section 822."

14 6. Section 822 of the Code states:

15 "If a licensing agency determines that its licentiate's ability to practice his or
16 her profession safely is impaired because the licensee is mentally ill, or physically ill
17 affecting competency, the licensing agency may take action by any of the following
18 methods:

19 "(a) Revoking the licentiate's certificate or license.

20 (b) Suspending the licentiate's right to practice.

21 (c) Placing the licensee on probation

22 (d) Taking such other action in relation to the licentiate as the licensing
23 agency in its discretion deems proper.

24 "The licensing agency shall not reinstate a revoked or suspended certificate
25 or until it has received competent evidence of the absence or control of the condition
26 which caused its action and until it is satisfied that, with due regard for the public
27 health and safety, the person's right to practice his or her profession may be safely
28 reinstated."

 7. At all times relevant to the charges and allegations herein, Respondent was employed
as an Emergency Room Physician with Central Coast Emergency Physicians (CCEP) in
Templeton, California. CCEP provided emergency room service to Twin Cities Community
Hospital (TCCH), as well as other hospitals in the area.

DRUGS INVOLVED

 8. Atenolol, trade name Tenormin, is a beta-blocker indicated for the treatment of
hypertension and the long-term treatment of angina pectoris. It is a dangerous drug under section

1 4022 of the Code. Side effects of atenolol include bradycardia, dizziness, lightheadedness,
2 fatigue, and nausea. Mental side effects include confusion, mood swings, and confusion.
3 Potential CNS effects include depression, disorientation as to time and place, emotional lability,
4 and decreased performance on neuropsychometrics.

5 9. Halcion is a trade name for triazolam, a hypnotic drug indicated for the short-term
6 treatment of insomnia (generally 7-10 days). It is a dangerous drug as defined in section 4022 of
7 the code and a schedule IV controlled substance as defined by section 11057(d)(30) of the Health
8 and Safety Code. Halcion has central nervous system (CNS) depressant effects and patients
9 should be cautioned about the concomitant ingestion of alcohol and other CNS depressant drugs
10 during treatment with Halcion tablets. The risk of drug dependence for Halcion is increased in
11 patients with a history of alcoholism or drug abuse. Such dependence-prone individuals should
12 be under careful surveillance when receiving Halcion.

13 10. Hydrocodone bitartrate is produced by several drug manufacturers. Hydrocodone
14 with APAP (acetaminophen) is known by the trade name "Tylenol #3" or "Tylenol #4. 5 mg.
15 hydrocodone with 500 mg acetaminophen is known by the trade name "Vicodin" ("5/500"). 7.5
16 mg hydrocodone with 750 mg acetaminophen is known as "Vicodin ES" ("7.5/750"), and at 10
17 mg. strength, it is known as "Vicodin HP" or "Norco." Hydrocodone bitartrate is a semisynthetic
18 narcotic analgesic, a dangerous drug as defined in section 4022 of the Code and a Schedule III
19 controlled substance under Health and Safety Code section 11056(e)(4) indicated for the
20 treatment of moderate to severe pain. Alcohol and other CNS depressants may provide an
21 additive CNS depression if taken concomitantly with hydrocodone bitartrate. Repeated
22 administration of hydrocodone over a course of several weeks may result in psychic and physical
23 dependence. Hydrocodone is also contained in varying amounts in preparations sold under the
24 trade names Vicoprofen, Vicotuss, Lortab, Lorcet, and Zydane.

25 11. Lexapro is a trade name for escitalopram oxalate. It is a dangerous drug as defined in
26 section 4022 of the Code and is indicated for the acute and maintenance treatment of major
27 depressive disorder and for the treatment of generalized anxiety disorder. Lexapro is a drug with
28

1 primary CNS effects, and therefore, caution should be exercised with the concomitant use of
2 sedative hypnotics, narcotic analgesics or other CNS-acting drugs.

3 12. Maxalt is a trade name for rizatriptan benzoate. It is a dangerous drug as defined in
4 section 4022 of the Code and is indicated for the acute treatment of migraine headaches in adults.
5 It is contraindicated for patients with coronary artery disease and may contribute to
6 cerebrovascular events or significant elevation in blood pressure.

7 13. Phenergan is a trade name for promethazine HCl. It is a dangerous drug as defined in
8 section 4022 of the Code which has antihistaminic, sedative, anti-motion sickness, antiemetic,
9 and anticholinergic effects. It may be used as a preoperative sedative. The concomitant use of
10 alcohol, sedative hypnotics (including barbiturates), general anesthetics, narcotics, narcotic
11 analgesics, tranquilizers or other central nervous system depressants may have additive sedative
12 effects and patients should be warned accordingly. Phenergan may significantly affect the actions
13 of other drugs. It may increase, prolong, or intensify the sedative action of CNS depressants. For
14 this reason, the dose of narcotics used with Phenergan should be reduced by one quarter to one
15 half.

16 14. Remeron is a trade name for mirtazapine. It is a dangerous drug as defined in section
17 4022 of the Code and is indicated for the treatment of major depressive disorder. Remeron may
18 impair judgment, thinking, and particularly motor skills because of its prominent sedative effect.
19 Caution should be exercised in the concomitant use of other CNS active drugs.

20 15. Suboxone is a trade name for a combination of buprenorphine hydrochloride and
21 naloxone hydrochloride. It is indicated for the treatment of opioid addiction. Buprenorphine is
22 an opioid similar to morphine, codeine, and heroin; however, it produces less euphoria and
23 therefore may be easier to stop taking. It is a dangerous drug as defined in section 4022 of the
24 Code and a Schedule V controlled substance under Health and Safety Code section 11058(d).
25 Buprenorphine is used for maintenance during or after opiate withdrawal. Naloxone blocks the
26 effects of opioids such as morphine, codeine, and heroin (opioid agonist) and therefore blocks the
27 effects of buprenorphine withdrawal. Buprenorphine can cause drug dependence of the
28 morphine type. Under the Drug Addiction Treatment Act, codified at 21 U.S.C. section 823(g).

1 prescription use of Suboxone in the treatment of opioid dependence is limited to physicians who
2 meet certain qualifying requirements and have notified the Secretary of Health and Human
3 Services (HHS) of their intent to prescribe the product for the treatment of opioid dependence and
4 have been assigned a unique treatment number that must be included on every prescription. This
5 "DATA Waiver" allows qualifying physicians to practice medication-assisted opioid addiction
6 therapy with Schedule III, IV, or V narcotic medications specifically approved by the U.S. Food
7 and Drug Administration (FDA). Suboxone received FDA approval for use in opioid addiction
8 therapy in October of 2002.

9 16. Xanax is a trade name for alprazolam, a psychotropic triazolo analogue of the 1,4
10 benzodiazepine class of CNS-active compounds. Xanax is used for the management of anxiety
11 disorders or for the short-term relief of the symptoms of anxiety. It is a dangerous drug as
12 defined in section 4022 of the Code and a schedule IV controlled substance as defined by section
13 11057(d)(1) of the Health and Safety Code. Xanax has a CNS depressant effect and patients
14 should be cautioned about the simultaneous ingestion of alcohol and other CNS depressant drugs
15 during treatment with Xanax. Addiction-prone individuals (such as drug addicts or alcoholics)
16 should be under careful surveillance when receiving alprazolam because of the predisposition of
17 such patients to habituation and dependence.

18 17. Zoloft a trade name for sertraline hydrochloride, an antidepressant unrelated to
19 tricyclic, tetracyclic or other available antidepressant agents and is a dangerous drug as defined in
20 section 4022 of the Code. It is indicated for treatment of major depressive disorder. Zoloft
21 interacts with many drugs including cardiac medications, such as digoxin. It causes decreased
22 clearance of diazepam (Valium). Its side effects include nausea, diarrhea, dyspepsia, tremor,
23 dizziness, insomnia and somnolence.

24 **FACTUAL BACKGROUND**

25 18. In July 1995, Respondent was in a vehicle accident and combined with previous head
26 and neck injuries from her athletic activities, this resulted in cervical stiffness and pain lasting
27 several weeks. This pain became chronic left-sided cervical pain, and in December 1996, she was
28 diagnosed with cervical spondylosis with left paracervical myofascial syndrome, and physical

1 therapy was recommended. In April 1997, magnetic resonance imaging (MRI) of the cervical
2 spine revealed three bulging disks at C4-5, C5-6, and C6-7 with mild osteophytosis at C5-6 and
3 C6-7. Pain from this condition was treated conservatively until December of 2000, when Vicodin
4 ES #180 was prescribed to be taken twice a day. In May of 2003, narcotic pain medication was
5 switched to Norco A#180, twice per day. Thereafter Norco was prescribed "PRN pain" fairly
6 steadily, with occasional trials of other pain medications, at #100 per month through at least 2010.

7 19. In 1995, Respondent was diagnosed with anxiety and depression through psychiatric
8 evaluation, and she was prescribed Xanax PRN anxiety. In 2004, this was changed to Zoloft, and
9 Zoloft was steadily prescribed through 2010 with occasional trials of other anxiolytics or
10 antidepressants. Respondent received psychiatric care intermittently throughout this period and
11 was prescribed antidepressant medications such as Remeron and Lexapro, as well as Xanax and
12 Halcion for anxiety and insomnia.

13 17. Respondent also suffered from migraine headaches, which became more frequent and
14 worse in 2008. She was prescribed Maxalt for the management of these migraines. Frequent
15 nausea was controlled with Phenergan. Respondent also has a history of cardiac ablation in 1998
16 for longstanding paroxysmal atrial fibrillation, for which she was taking atenolol, and this
17 prescription continued after the successful procedure.

18 CAUSE FOR DISCIPLINE

19 (Mental/Physical Impairment Affecting Competency)

20 18. Respondent is subject to disciplinary action under section 822 of the Code in that a
21 voluntary mental examination and other medical evaluations have determined that she is mentally
22 and/or physically impaired, affecting her ability to practice medicine safely. The circumstances
23 are as follows:

24 19. In June of 2008, Respondent experienced a migraine headache, and she took a
25 regimen of Norco, Phenergan, and Maxalt. The headache persisted at a manageable level for
26 several days, and then Respondent took the regimen again and after several hours reported to the
27 TCCH emergency room (ER) for work. About five (5) hours into her shift, Respondent acutely
28 became confused and amnesic, asking the same questions over and over. At times, Respondent

1 spoke in "word salad." CT scan and MRI were non-diagnostic. Symptoms, including the
2 headache, resolved. Diagnosis was transient global amnesia. Respondent's medications at that
3 time included atenolol, twice daily; Maxalt, PRN; Phenergan PRN; Norco PRN; Halcion 0.2 mg
4 PRN, and Respondent had added two baby aspirin (162 mg) daily after the transient amnesia
5 incident.

6 20. On or about April 5, 2010, the Board received a consumer complaint from the
7 director of emergency services at TCCH. Respondent had been employed since 1992 by CCEP
8 and was part of the physician team providing ER services for TCCH. The complaint stated that
9 on March 15, 2010, Respondent was observed having difficulties performing her duties as an ER
10 physician at TCCH. She was observed to have a decreased level of alertness during her shift.
11 She appeared drowsy and was unable to perform and complete computer work, charting, and
12 treatment plans for patients. She did see some patients before being removed from patient care
13 and sent home. On March 17, 2010, Respondent was informed that she was removed from all ER
14 services effective immediately and pending full medical and psychiatric evaluation. At this time,
15 Respondent's medications included over the counter antihistamines and decongestants, Maxalt
16 PRN, atenolol *q.i.d.*, Norco PRN, Xanax, and Remeron.

17 21. Respondent was placed on paid leave from CCEP while she underwent evaluation
18 and treatment. On July 6, 2010, a physician interview with Respondent was conducted at her
19 home with Medical Board investigators and the President of CCEP in attendance. Respondent
20 stated that at the time in question, she was very ill with an upper respiratory infection and was
21 suffering from exacerbation of her clinical depression due to her sudden separation from her
22 significant other of six years. Respondent signed releases for her medical files from her primary
23 care physician, her neurologist, psychiatrist, and her psychologist.

24 22. Review of the records and comments from Respondent's primary care physician
25 (PCP) indicated that her PCP viewed the March 15, 2010 episode of confusion as a situational
26 problem. One underlying cause was identified as a persistent upper respiratory infection which
27 deteriorated into bronchitis and which was eventually and after the March incident, diagnosed and
28 treated as methicillin-resistant *Staphylococcus aureus* (MRSA) and successfully treated by

1 infectious disease experts. Respondent had continued to work despite this illness, relying on
2 symptomatic relief from cold medications, both over the counter and by prescription. Also,
3 Respondent had suffered from clinical depression over many years and was under treatment for
4 the condition. The PCP identified the second underlying cause for the confusion exhibited on
5 March 15th as an acute exacerbation of Respondent's clinical depression due to the sudden break-
6 up with her significant other of six (6) years. The PCP felt that with resolution of the MRSA
7 infection and proper treatment of Respondent's mood disorder as well as psychotherapy that
8 Respondent could return to practice.

9 23. Neuropsychometric testing was performed on Respondent in May 2010. Cognitive
10 testing showed substantial disturbance in executive functions: memory impairment, decreased
11 spontaneity and initiation, difficulties with attention, distractibility, impaired problem-solving
12 ability, and loss of inhibition. In Respondent's psychologist's opinion, disparity between the test
13 scores and Respondent's professional accomplishments could not be attributed to secondary
14 effects of her mood disorder (depression/anxiety) and that the testing indicated organic brain
15 injury that may have been caused, among other things, by the cumulative effect from long term
16 use of medications required to treat migraines, insomnia, and other medical problems. The
17 diagnosis was Dementia NOS, Early Onset. There was an alternative diagnosis of Pseudo-
18 Dementia secondary to extreme depression and anxiety which took into consideration the impact
19 of Respondent's serious mood disorder affecting her overall functioning, particularly cognitive
20 functioning.

21 24. The psychologist recommended, among other things, that an updated neurological
22 evaluation be performed to assess frontal lobe involvement and pertinent medication treatment, a
23 speech-language assessment, cognitive-behavioral psychotherapy to great grief, loss, depression,
24 and chronic pain, and a psycho-pharmacological assessment to evaluate medication history and
25 recommend appropriate psychiatric medication treatment. The psychologist indicated that
26 cognitive tests would be readministered periodically to assess progress in regaining executive
27 functioning. The psychologist indicated in May 2010 that could not return to her duties as an ER
28 physician at that time.

1 25. Neurological evaluation was done on Respondent in April through July 2010. MRI of
2 the brain and EEG were normal. The neurologist's impression was that Respondent's cognitive
3 difficulties could be largely related to her depression. After having reviewed the psychometric
4 testing results, the neurologist noted the diagnosis of possible dementia and the differential
5 diagnosis of pseudodementia, which in the neurologist's mind, could not be differentiated from a
6 progressive dementia disorder. He agreed with the recommendation for serial psychometric
7 assessments. The diagnosis was memory loss and depression.

8 26. On September 28, 2010, Respondent executed a voluntary agreement for a mental
9 examination with the Board. Pursuant to that agreement, Respondent was directed to see Sherif
10 El-Asyouty, M.D., and an appointment was made for December 10, 2010. Dr. El-Asyouty noted
11 that Respondent's thought processes were marked by circumstantialities and confabulation and
12 that her memory was intact for recent and remote but mildly impaired for the immediate, that her
13 insight and judgment were fair. Her performance on very simple tasks was not consistent with
14 her background and achievements as a physician. Dr. El-Asyouty then reviewed Respondent's
15 medication history with her, especially the Norco, codeine cough syrup, and Xanax which were
16 being taken in large amounts. He noted that Respondent stated that she took Norco for sleep and
17 not really for pain. He noted that Respondent had significant impairment in memory and function
18 and attributed it to the effects of the opiates and benzodiazepines that she had been taking in large
19 amounts for a long time. Dr. El-Asyouty directed Respondent to obtain a drug screen right away
20 and return to complete the evaluation after having stopped the opiates and benzodiazepines.

21 27. Respondent was very confused concerning Dr. El-Asyouty's emphasis on drug
22 impairment. She was unable to give urine sample for the drug screen when she arrived at the
23 laboratory and could not wait because she had a previous appointment. She called Dr. Asyouty
24 several times concerning how to taper down or detox from her medications, and she contacted the
25 Board's investigator, James McCuen with complaints concerning Dr. El-Asyouty's emphasis on
26 her drug use and not upon the circumstances surrounding her episode of confusion on March 15,
27 2010.

28. Respondent scheduled her follow up interview with Dr. El-Asyouty for January 17, 2011. Dr. El-Asyouty noted that her mood was markedly better, that she was alert, oriented, that her speech was goal oriented with no confabulation or circumstantialities. He observed that her cognitive ability was normal and exhibited competence. Respondent indicated to Dr. El-Asyouty that she had tapered down her opiates and that she was currently not taking any opiates and no Xanax, that her last use was on January 12, 2011.

29. Respondent had not obtained her drug screening done before the second interview because of miscommunication, so it was done after the interview. The drug screen was indeed negative for opiates or benzodiazepines, but it was positive for Suboxone (buprenorphine). Having received the test results, Respondent called Dr. El-Asyouty and explained that she had gotten some herbal medication from Germany and that had caused the positive buprenorphine finding. Dr. El-Asyouty had the test redone at the Mayo Clinic laboratory, and the result was still positive for buprenorphine. Respondent then admitted that she had gotten Suboxone through the Internet and not through a physician to help her withdrawal symptoms.

30. Dr. El-Asyouty concluded that Respondent's impaired ability to function was as a result of the combination of drugs taken as evidenced by the dramatic difference in presentation between the first and second interviews, the fact that she was not truthful concerning her use of Suboxone to control withdrawal symptoms, and the fact that she was using the drugs for purposes other than were medically indicated.

31. Whether Respondent is suffering from dementia, pseudodementia, or some other kind of chronic cognitive dysfunction or suffering from poorly controlled opioid and benzodiazepine dependence or a combination thereof, there is evidence that she is mentally or physically impaired affecting competency, and therefore cause exists for discipline under section 822 of the Code.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

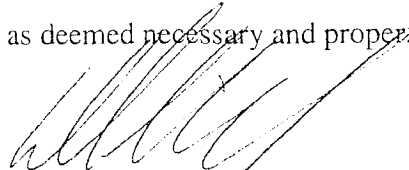
1. Revoking or suspending Physician and Surgeon's Certificate Number A44222, issued to Patricia Ann Snyder, M.D..

1 2. Revoking, suspending or denying approval of Patricia Ann Snyder, M.D.'s authority
2 to supervise physician assistants, pursuant to section 3527 of the Code;

3 3 Ordering Patricia Ann Snyder, M.D., if placed on probation, to pay the Medical
4 Board of California the costs of probation monitoring;

5 4 Taking such other and further action as deemed necessary and proper;
6

7 DATED: August 10, 2011


LINDA K. WHITNEY
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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